

# TOWN OF ANDOVER MASSACHUSETTS

Senior Center  
36 Bartlet Street  
Andover MA 01810  
[www.andoverseniorcenter.org](http://www.andoverseniorcenter.org)

978.623.8321 (phone)  
978.623.8330 (fax)  
978.623.8333 (TTY)

## **“SCRPT” Senior Citizen Residential Property Tax Work-Off Program**

The Town of Andover values the wealth of skills and knowledge possessed by its senior residents. The “SCRPT” program provides seniors the opportunity to share their skills in service to the community and receive a \$675.00 abatement on their property taxes. The success of the program depends on the co-coordinated efforts of the various town departments requesting services, the program co-coordinator who matches the volunteers, the Assessor’s office that verifies eligibility and oversees the abatement process and the Treasure’s office where payments are submitted.

The FY 11 program officially begins on July 1<sup>st</sup>, but placements will not begin until eligibility has been determined. We appreciate your co-operation in this process, which may take a few weeks. Attached are several pages that must be completed and returned to me at the Senior Center before **2:00 pm on June 30, 2010**. Submit the completed and signed application, eligibility and CORI pages and please bring your license with you. Please keep the first two pages of this packet for your information. **Mandatory** informational forums will be held at the Senior Center on Friday, **June 4 at 1:30 pm** and **June 18 at 10 am**. **ALL participants in the program need to attend one of these meetings.**

Thank you for your interest in the “SCRPT” program. I look forward to seeing you at one the meetings.

Katherine Urquhart  
Director of Elder Services



# “SCRPT”

## SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM

### Eligibility:

- Age 60+
- Must be the assessed owner of the property on which the tax is exempted
- Property must be primary residence of applicant
- No income guidelines for first qualified owner
- Second qualifying owner may earn exemption if they meet the need requirements
  - single: \$20,000.00
  - married: \$30,000.00

### All Applicants must:

- Attend informational meeting at the Senior Center
- Must schedule an interview to arrange for placement
- Submit application to the Senior Center by posted deadline.
  - Applications will be forwarded to Assessor's Office to determine eligibility
- Commit to 93 hours of service, as assigned, within the specified time frame
- Notify “SCRPT” Program Co-coordinator and work site supervisor of schedule changes and absences
- Turn hours in monthly to the Senior Center
- Notify SCRPT Program Coordinator of any changes which affect eligibility, i.e. sale of property, unable to complete program requirements

### Applicant will receive:

- An abatement of \$675.00 on their real estate tax bill in exchange for 93 hours of community service

### Placements:

- Determined by matching applicant's skills, interests and availability with job requests submitted
- Participants will be notified in writing of placement

### Time Frame:

- **Effective July 1, 2010 – June 30, 2011 for FY 11 tax bills**
- Applications submitted by **June 30, 2010, 2:00 p.m.**
- Informational forums: **June 4, 2010 at 1:30 p.m. or June 18, 2010 at 10 a.m.** Additional informational forums will be scheduled in September.

### For Additional Information:

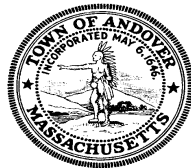
- Contact Katherine Urquhart at the Senior Center at 978-623-8321.  
***Please save this page for your reference***

### **Check List**

- Submit application by June 30, 2010 2 p.m.
- Complete CORI form (you must bring a government issued picture I.D. to the Senior Center for identification).
- Complete permission for photograph and confidentiality agreement

If you have participated in the program in previous years several sections (employment history, references) may be marked “same as previous”.

We do need emergency contact information and signature.



**TOWN OF ANDOVER**  
**SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM**  
**"SCRPT" APPLICATION**

Date: \_\_\_\_\_

Name: Dr. Mr. Ms. Mrs. \_\_\_\_\_  
(Circle One) Last First Middle Initial

Address \_\_\_\_\_

Street

Town

State

Zip Code

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Cell phone: \_\_\_\_\_

Eligibility Requirements: Please answer all of the following:

Over age 60+	_____ Yes	_____ No
Owner of record	_____ Yes	_____ No
First qualifying owner	_____ Yes	_____ No
Primary residence	_____ Yes	_____ No
Copy of current tax bill attached	_____ Yes	_____ No
Prior participation	_____ Yes	_____ No

Education:

Name/Address

Degree/Date

Major/Course

High School \_\_\_\_\_

College \_\_\_\_\_

Other \_\_\_\_\_

Volunteer Experience: Include previous placements through this program, if applicable.

Name of organization	Date	Address/Phone	Description of Duties
----------------------	------	---------------	-----------------------

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Job skills, interests and hobbies: \_\_\_\_\_

(Please complete other side)

*Work Experience:* Include Name/Address/Phone Number/Dates of Employment

1. \_\_\_\_\_

Your Position/Duties \_\_\_\_\_

2. \_\_\_\_\_

Your Position/Duties \_\_\_\_\_

3. \_\_\_\_\_

Your Position/Duties \_\_\_\_\_

*References:* Include: Name/Address/Telephone Number/Affiliation

(Please do not use a relative as a reference)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

*Availability:*

Month(s) \_\_\_\_\_

Day(s) of Week \_\_\_\_\_

Morning \_\_\_\_\_ Afternoon \_\_\_\_\_ Evening \_\_\_\_\_

What type of community service do you prefer for this program? \_\_\_\_\_

*Emergency Contact:* Include Name/Phone Number/Relationship

I authorize the Andover Council on Aging or the Town of Andover to investigate information from this application for the purpose of community service with “SCRPT”, the Senior Citizen Property Tax Work-Off Program.

If accepted for community service with the Town of Andover, I agree to comply with the rules of the “SCRPT” Program. To the best of my knowledge, all information provided in this application is accurate.

\_\_\_\_\_  
Applicant’s Signature

\_\_\_\_\_  
Date



# “SCRPT” SENIOR CITIZEN PROPERTY TAX WORK-OFF PROGRAM

## Eligibility:

- Age 60+
- Owner of record
- Property for which the abatement will be used must be primary residence
- No income guidelines for first qualifying owner  
Second owner may earn abatement if they meet the needs requirement
- **MUST** present a copy of most recent property tax bill
- No current town employee is eligible

## Participation Agreement:

1. If selected as a participant in the Senior Citizen Property Tax Work-Off Program, **you** will be **responsible for notifying the Division of Elder Services in writing, of any changes affecting eligibility.**
2. Placement is determined by matching your skills with the available requests. There is a two week probation period.
3. **The 93 hours of service must be completed and turned in to the Senior Center between July 1, 2010 and June 29, 2011.** Hours are not cumulative and cannot be saved or carried over to the next fiscal year program cycle.
4. **Policy on Absenteeism:**  
By participating in this program you have committed to complete a community service project within a prescribed time frame. If you are unable to complete the assignment due to repeated absences you may be removed from active participation. **All absences need to be reported to your supervisor. Any absence over 3 days should also be reported to the Tax Work-Off Program Coordinator.**
5. All applicants must fill out a CORI (Criminal Offender Record Information) as required by the Executive Office of Elder Affairs.
6. I understand that from time to time new rules may be added by the Town of Andover.
7. I have read and agree to the conditions of the “Confidentiality Statement” as it pertains to all work-related activities of this program.

I have read the requirements for participation in the Senior Citizen Property Tax Work-Off Program as listed above. I agree to notify the “SCRPT” Program Coordinator as well as my work site supervisor in the event that I am unable to complete the assignment as agreed.

---

Signature

---

Date

### **Privacy and Confidentiality Agreement**

I, \_\_\_\_\_, a volunteer/employee at the Andover Council on  
(print name)

Aging (COA) have been informed about the Massachusetts COA privacy law,  
understand that the names, addresses, telephone numbers or other identifying  
information about elderly persons in the possession of the COA are not a public  
record.\*

Any identifying information concerning elders in the possession of the COA cannot be  
given out on request to the public. Access to and storage of this information is subject  
to certain required procedures which must be followed in order to comply with the law.  
I am aware of and will follow these procedures.

### **Authorization of Press/Photograph Release**

I hereby authorize the possible release of my name and or photograph in descriptive material illustrating  
the "SCRPT" program and other activities at the Senior Center.

Signed: \_\_\_\_\_  
(employee/volunteer)

Dated: \_\_\_\_\_

\* An exception to this is the continuing responsibility of the COA to share personal information in protective services and elder at risk cases; share personal information if required as a condition of receiving a government contract, program grant or other benefit; or share personal information as otherwise required by law.



# TOWN OF ANDOVER MASSACHUSETTS

Senior Center  
36 Bartlet Street  
Andover MA 01810  
[www.andoverseniorcenter.org](http://www.andoverseniorcenter.org)

978.623.8321 (phone)  
978.623.8330 (fax)  
978.623.8333 (TTY)  
[www.andoverma.gov](http://www.andoverma.gov)

We are required by the Executive Office of Elder Affairs (EOEA) to conduct a CORI (Criminal Offender Record Check) for all volunteers. Information obtained in that process might preclude an individual from participation in a particular program. Factors considered are:

- age of conviction
- age of candidate at the time of the offense
- seriousness and specific circumstances of the offense
- relationship of the criminal act to the nature of the work to be performed
- number of offenses
- any relevant evidence of rehabilitation or lack thereof
- any other relevant information sought by the hiring authority from the police, courts or prosecuting attorneys; or
- information submitted by the candidate as requested by the hiring authority (e.g. letter from the candidate's probation, parole officer, treating professional or other knowledgeable source).

The guidelines issued by EOEA are on file at the Senior Center.

**If you choose not to have a CORI check, your application will be withdrawn.**

Please contact the Senior Center if you would like more information on the CORI process.

Please turn sheet over to complete the CORI form ➡



# TOWN OF ANDOVER MASSACHUSETTS

Senior Center  
36 Bartlet Street  
Andover MA 01810  
[www.andoverseniorcenter.org](http://www.andoverseniorcenter.org)

978.623.8321 (phone)  
978.623.8330 (fax)  
978.623.8333 (TTY)  
[www.andoverma.gov](http://www.andoverma.gov)

**ANDES  
CH444  
G**

## CHAPTER 6, §172C CORI REQUEST FORM

Andover Council on Aging & Senior Center has been certified by the Criminal History Systems Board for access to all the available criminal offender record information on the following individual from the Criminal History Systems Board pursuant to Chapter 6, §172C that mandates agencies which employ or accept as a volunteer or refer for employment any individual who will provide care, treatment, education, training, transportation, delivery of meals, instruction, counseling, supervision, recreation or other services in a home or in a community based setting for any elderly person or disabled person or who will have any direct or indirect contact with such elderly or disabled persons or access to such person's files shall obtain all available CORI from the Criminal History Systems Board prior to employing such individual, accepting such individual as a volunteer or referring such individual for employment.

### APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT CLEARLY)

LAST NAME

FIRST NAME

MIDDLE NAME

MAIDEN NAME OR ALIAS (If Applicable)

PLACE OF BIRTH

DATE OF BIRTH

SOCIAL SECURITY NUMBER

ID Theft Index PIN

(Requested but not required)

(if applicable)

MOTHER'S MAIDEN NAME

CURRENT ADDRESSES:

FORMER ADDRESSES:

SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ ft. \_\_\_\_\_ in. WEIGHT: \_\_\_\_\_ EYE COLOR: \_\_\_\_\_

STATE DRIVER'S LICENSE NUMBER: \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE

\*\*\*THE ABOVE INFORMATION WAS VERIFIED BY REVIEWING THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: \_\_\_\_\_

REQUESTED BY:

ACCEPT/DECLINE

SIGNATURE OF CORI AUTHORIZED EMPLOYEE

DATE

\*The CHSB Identity Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process. **All CORI request forms that include this field are required to be submitted to the CHSB via mail or by fax to 617-660-4614.**